



CITY OF FOLEY

PROPERTY FORM

☐ **NEW** ☐ **TRANSFER** ☐ **DISPOSAL** ☐ **CHANGE** ☐ **OUT OF SERVICE**

Effective Date: _____ Resolution #: _____

Department: _____ Receiving Department: _____

If Property is to be Disposed,

Means of Disposal: ☐ **GOVDEALS** ☐ **SCRAP** ☐ **OTHER** _____

(If other, describe)

☐ **OUT OF SERVICE**

(Storage location)

If New: ☐ **PURCHASED** ☐ **CONFISCATED** ☐ **OTHER** _____

(If other, describe)

Item Description: _____

VIN/Serial #: _____ Make: _____ Model: _____

City Tag : _____ Vehicle #: _____ Mileage: _____

(If applicable)

(If applicable)

**Departmental
Section**

- Current Vehicle/equipment ID# _____
- New vehicle/equipment number assigned _____
- Completed by _____ Date _____

**Accounts
Payable
Section**

- Vendor _____ Date Paid _____
- Moved title *(if applicable)* to proper dept. vehicle file _____
- Title Applied For _____ Tag Applied For _____
- Paperwork (if any) attached _____
- Completed by _____ Date _____

Insurance

- Is item insured? _____
- If new, date item was added to insurance _____
- If changed, date insurance company was notified _____
- Completed by _____

**Fixed Asset
Section**

- On F.A. list? _____ If Yes, ID # _____
- Date transferred in F.A. system _____
- Completed by _____

**Prepaid
Insurance**

- Date schedule was updated _____
- Completed by _____

1) Added

#

Dept:

Reason:

2)Renum./Reassig.

#

Dept:

Reason:

#

Dept:

3) Retired

#

Dept:

Reason:

New VIN:

Mileage:

New VIN:

Mileage:

New Vehicle:	Old Vehicle:
Year:	Year:
Make:	Make:
Model:	Model:
Color:	Color:
Engine:	Engine:
License#:	License#:

Fuel Master:

Collective Data:

City Vehicle List:

Master List:

Misc. Information:

Emailed/Sent:

City Hall List: